DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 hours after death PLACE OF OFATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Caroline a. CDUNTY b. COUNTY after Kent Carrolline County Maryland MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Chestertown. Maryland Greensboro, Maryland completely filled in bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 24 Collin's Nursing Home ND H YES O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. carbon NAME DE DATE Middle Last 4. Month Day Year **OECEASEO** 6 Oliver Briscoe (Type or print) **OEATH** 19 6. CDLOR OR RACE 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5, SEX DATE OF BIRTH ease remove last birthday) | Months | Days and any Male Colored 1893 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) = 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician COUNTRY? Co. Md. St. Mary's ם 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova attending permit. Then Cecilia Garrison Sylvester Briscoe 15. WAS DECEASED EVER IN U.S. ARMEOFORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT FUNERAL DIRECTOR: After this certificate has been signed by the attentirector, page 3 should be detached for use as the burial-transit permit. nould be filed with the State Dept, of Health prior to burial, cremation, or r Address (Yes, no, or unkown) (If yes give war or dates of service) Oliver 218-36-224] Briscoe Jr. Chestertown . Md No CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: C. V.A. IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic C. V. Disease Cenditions, If any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? ND V Inanition and Nutritional Anemia 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work May Mar. 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last Mar. saw the deceased alive on and that death occurred at. _M, from the causes and on the date stated above. DATE SIGNED SIGNATURE 22b. page ATTENDING STAFF Mar. DIRECTOR PHYSICIAN'S ADDRESS director, p NAME (Type) Greensboro. Maryland H. Stonesi NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREDE Burial (Specify) Methodist Cem. Chestertown, Maryland 967 Asbury REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Chestertown, Md. VR A.15

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the superal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

<u> </u>	U341	Item #2d	Film	#G389 EN INFIGA	E OF DEA	ın			1134	113				
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15	Sylvester F. Andrews Annie Pritchett Sylvester F. Andrews Annie Pritchett Address									-				
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	210			218-34-9251D	Mrs. Edna	Whart	on, Pr	eston		NTERVAL E				
		DEATH [Enter only on												
	PART I. DEATH WAS CAUSED BY: Chronic Cariac Congestive Failure									ONSET AND DEATH				
	4200 DUE TD													
	Conditions, If	any, which \		teriosclerot	ic Heart	c Heart Disease					15 vrs			
	gave rise to cause (a), st													
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CERTIFICATION	Generalized Ostepporosis Chronic Urbnary Cyst tis & pyelo, yes No X													
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lă	Hour a.m. While Not While factory, street, office bidg., etc.)													
Σ	p.m. 19 at work at work													
			at (I) (this hospital) attended the deceased from 3 • 10/43, 19, to 3/10 • 67, 19, that (I) (we) last											
			$\frac{7}{14/67}$ 19 and that death occurred at $\frac{7}{16}$ M, from the causes and on the date stated above.											
ATTENDING MED. STAFF										22b. DATE SIGNED				
	1/4	ing I) Wy	mus M	.D. PHYS.	DIRECTO	OR PHYS							
	22c. PHYSICIA NAME (T)		D -		22d. ADDRESS									
		me) Harold	B.EL	ummer MD.	Pres	ton I	Maryla	and						
238	BURIAL, CREM	ATION, 23b. DATE	THEREDF	23c. NAME OF CEMETE	RY OR CREMATORY	23d.	LOCATION	(City, tow	or county) (State)			
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24	. FUNERAL DIRE	CYOR 7	1.	ADDRESS	25a.	REC'D BY R	REGISTRAR	25b REG	ISTRAR'S	GNATURE	-			
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE-HEALTH DERTA PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE deloy is and 3 to M3. Poge b. COUNTY Caroline Maryland Caroline MARYLAND c. LENGTH OF STAY IN 1b Deportmen b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ofter Life Federalsburg - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office olong with farm in Item 18. Give Poges 1, Houston Branch Road Houston Branch Road ote YES NO X hours after death. NAME OF Middle 4 DATE Month Day Year DECEASED BROOKS ALLEN DONOVAN 24 (Type or print) March 19 67 event within DEATH 2 with S. SEX 9. AGE (In years IF LINDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF LINDER 24 HRS last birthday) Months Dovs Hours Oct. 10, 1910 Male White WIDOWED DIVORCED Bug 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Machinist Caroline Co., Md. Exominer's Fed Sportswear, Inc USA pages in any 13 FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME be executed within Edward Donovan Lucy A. Wright File puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address pending" in ef Medical E permit. (Yes, na, or unknown) (If yes give war or dates of service) removol. 215-14-3274 Mrs. Ruby J. Donovan, Federalsburg, Md. No 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 Massive Cerebral emorhage IMMEDIATE CAUSE (a) _ certificote should the word cremotion, DUE TO Self inflicted gun shot wound Conditions, if any, which gave rise ta immediate cause (a), DUE TO 0 stating the underlying cause placing barrel of shotgun in mouth minutes 0.5 buriol, nsed PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Mental Depression and alcoholic cirrhosis please execute the certificate. NO YES 0 pe 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) prior plnods as above in his home CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar tawn) (County) (Stote) foctory, street, affice bldg., etc.) Nat While at wark may be retained for your FUNERAL DIRECTOR: Page ot wark RFD Federalsburk Md 21. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry and in my opinion death resulted from: the funerol director. Accident | Suicide X Notural couses Hamicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Preston 3 1/28/6 Heolth NAME (Type) arold B. lummer M.D. 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMFTERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) Mar. 28, 1967 Bloomery Cemetery Near Federalsburg. HUNERAL DIRECTOR Pacciplous 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATAPR 6 VR A15ME (5 Milanley Judge 1967 6M 1/66 Frampiom and Son, Federalsburg, Maryland

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth. Seath. eral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND after c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) requires that the deoth certificate be executed within 24 hours and in any event, within 72 hour e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2. please remove corbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) filled NO L NAME OF Middle DATE Last Doy Year completely DECEASED 19 DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED pirthday) Months Days Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (County & State, or foreign country) during most of working life even if retired) INDUSTRY physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removol, INFORMANT WIFE Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, ng, or unknown) (If yes give wor or dotes of service CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: buriol-transit ONSET AND DEATH OF ESO(HA signed by 1 IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (o), DUE TO stoting the underlying couse hos been prior to for use as the lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) director, page 3 should be detached for use should be filed with the State Dept. of Health NO O FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Hame, farm, (State) 2Dd. INJURY OCCURRED (City or tawn) (County) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from _, that (I) (we) lost M, fram dauses and an the date stoted obove. saw the deceosed alive on, and that death occurred at 22a. SIGNATURE STAFF PHYS. M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) SURIAL (Specify) EASTON NoodlAWN 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO D 3. NAME OF 4. DATE Middle Month Dey DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey) Months WIDOWED T DIVORCED [10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) LINER WARE HOUSING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY. Shock from Hemorhage, internally and tight ONSET AND DEATH IMMEDIATE CAUSE (e) emoral Vein and artery, and multiple Fractures! DUE TO Office a and fibula proxinal ti bi both andles comminutes geve rise to immediate cause bone at (e), steting the underlying Fractured Pelvis and left compund PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Hit broadside by another truck rasionggifor boards 20c. TIME OF INJURY Month, Day, Year | 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work X et work Route313&317 RFD Benton Maryland Carolin 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection K | Inquiry X and in my opinion death resulted from: /Natural causes Accident X Suicide Homicide Undetermined manner should be forwarded FUNERAL DIREC CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Marold B.Plummer M.D Address (Street, city, town, or county) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) Frederick, Maryland 3-11-1967 Mount Olivet Cemetery ₫40 g Wila 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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=	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]									INTE	INTERVAL BETWEEN						
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ON	underlying cause last.) (c) Generalized arteriosclerosis PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)										19. WAS AUTOPSY						
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03495 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY 2, and 3 ta PM3. Page a. STATE b. COUNTY Caroline Maryland Caroline MARYLAND b. CITY OR TOWN (If autside carparate fimits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 72 haurs after write-RURAL and give regrest town) Rural 9 years Federalsburg - Rural d. STREET ADDRESS ar Friendship d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? ecute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, " Page 4 shauld be forwarded ta the Chief Medical Examiner's Office alang with farm Near Friendship in Item 18. Give Pages YES X NO 24 haurs after death. 3. NAME OF Middle 4. DATE First Manth Year Last Day DECEASED Howard White March 1607 19 (Type or print) DEATH WITH AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED B. DATE OF BIRTH NEVER MARRIED mknown DIVORCED last birthday) Manths Hours 1892 N gro WIDOWED and Z vegt 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT dusing most of working life even if retired) PUNTRY? Gorgia pages I in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Unknown Unknown File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates af service) N O 16. SOCIAL SECURITY NO. 17. INFORMANT or remaval, 265-01-3438 Howard J. Hubbard, Federalsburg, Md., RFD 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inanition due anoxexia and Diarrhea INTERVAL BETWEEN DISEL AND DEATH burial, crematian, Conditions, if any, which gave Metastatic Carcinomatosis months rise to immediate couse (o), DUE TO 0 stating the underlying cause (c) Carcinoma of the rectum 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, NO K agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (County) (State) Not While factory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at wark Health or its designated 21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [K], Inquiry X. and in my apinian Accident . Suicide . the funeral director. Natural causes & Hamicide | Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3/21/67 TO DEPUTY DEPUTY MEDICAL EXAMINER 4 **EXAMINER'S** Address (Street, city, town, or county Preston Caroline "arold B.Plummer M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL CREMATION. 0 REMOVAL (Specify) Burial Federalsburg, Maryland March 22.1967 Federal Hill C.metery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Ocharles VR A15ME (5 MAR 2 3 J. Framptom and Sop, Federalsburg, Maryland